Critical Analysis of Health Care Inequality from Marxist Approach

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Abstract

Healthcare inequalities have been one of the most critical concerns in the United States. The justified distribution of the heath care resources and facilities for all population segments have become even more of a concern after the implementation of government regulations such as Medicaid and Medicare. This unjustified and unequal distribution of resources can be further understood by applying the theory by Karl Marx and evaluating the implications of capitalism on sociological perspective of healthcare. For this purpose, the respective paper chose a qualitative approach. A review of literature will be conducted to critically analyze the unequal distribution of healthcare resources through Marxist approach. The results of the study confirm the concerns according to which the hazardous development of the health segment before, energized by the whole corporate class and filled by government reserves, now undermines the benefits of other capitalist businesses. Imminent installment with suppliers allowed to hold any surplus is an inter-corporate trade-off that looks after benefit, strengthens private control of health care capital, and quickens the pattern toward bureaucratic and corporate predominance of restorative care

Chapter 1: Introduction

The debates over America's health care institution is a political battle well documented. This debate has the American citizens asking the question if medical care is a right or commodity. If healthcare is civil liberty why are not all Americans provided with free care? However, if healthcare is a commodity, how can one excuse the inequalities of who has access depending on class. Marxism philosophy grounded on socialization over individualistic importance might be the answer to explain why America healthcare system is imbalanced to who has access but the quality of care itself. Marxism as an authority provides a historical background on classism and the economic and political fabrics that affect all within a capitalist state. Marxism philosophy compares to health care will provide a unique critique to identify why inequalities exist within healthcare.

Applying Marxist theory on healthcare inequalities, multiple causes of this inequality surface that can be specifically understood and addressed. Marxism guarantee that capitalism moves healthcare callings to privatization of healthcare benefits and builds up the drive to expand benefit and power for a specific social class. This economic inclination makes the medical field a benefit situated association. Consequently, Marxism concentrates on political and economic judgments of medical

care in capitalist societies. From Marxist perspective, health and sickness is a social issue rather than a natural one. Marxism had added to healthcare field. Medicine is seen as “middle class” which intends to keep up strength of specific gatherings in society. Marxists contend that health care frameworks are intended to fulfill the interests of the bourgeoisie as opposed to enhance health states of the entire populace (Waitzkin, 2000). As per Marxism imbalance of dispersion healthcare benefits in capitalist society emerge from the underestimation of a few classifications of the populace who don’t add to economic framework (Waitzkin, 2000). This avoidance may incorporate ladies, individuals with an incapacity, elderly individuals and each individual who doesn’t add to the economy, paying little heed to the health status and necessities of the individual.

Background

Karl Marx’s (1813-1883), philosophy resonates within American politics and economic ideologies of contemporary times as well. The current superstructures of American policies can be applied to Marx’s political system/ideology that is known as Marxism. A superstructure as defined by Marx’s is a social institution. One superstructure in America is health care. “Why analyze Marx’s works?” can be answered by Professor and Pulitzer prize writer Alan Manand (2016) article in the *New Yorker*, titled “Karl Marx, Yesterday and Today” outline the life of Marx and his theories. Menand) states, the philosophical views will help us to understand the “economic and political inequality of our time.” Menard examined the relevance of Marx’s work in the nineteenth century. Intellects have sought to bring back Marx’s main ideas into “contemporary politics.” What Marx explains in the *Communist Manifesto* was a bomb waiting to be exploded. Marx’s predictions of free markets economies left to their own devices revealed the causes that led to the gross social inequalities.

At the time, in Marx’s life, his views often cause him to be exiled, in which would continue as he was also expelled from France. When the revolutions broke out across Europe Marx wrote the Communist Manifesto. After the Revolutions in 1849, Marx has exiled once again and returned to London. For Marx’s to survive he wrote for political newspapers in “Europe from 1852 to 1862. As a journalist, he also wrote for the “New York Daily Tribune.” In London, Marx researched the Capital in the “reading room of the British Museum,” he later died there. Per Manand (2016), what was Marx like as a German academic, “he was a know it all.” He was often a poor speaker, but in private he was “modest and gracious” and had a love for Shakespeare. He also married and had children. According to Manand (2016) after his death, Marx’s authors hope to distance him from the interpretation of his work. Moreover, Marx’s ideas throughout his life were deemed controversial but the relevance of his work today helps to understand the current economic imbalance.

Current debates to replace the Affordable Care Act under President Donald Trump administration is excessively politicalized in the media. During the campaign, candidate Trump ran on the promise to fix the failed attempt of Obama Care. At the same time, Democratic political candidate, Bernie Sanders, went further and proposed the idea of a universal healthcare system. The idea of a universal healthcare system is that “no one is left behind” which is the equal chance that everyone must have

a healthcare plan that meets their needs and improvement of services (Sanders, n.d.). Therefore, democrats and republicans alike agree that healthcare is one of the most important issues of today. Moreover, house representatives and the senate struggle to meet in the middle ground, to provide a substantial answer that meets the need for all American's. Furthermore, the healthcare debate continues.

In the analysis of Marx's economic message, Martin and Pilmentel (2014), argue that government interventions into society should benefit not the wealthy but also the society. Martin and Pilmentel (2014), focuses on the comparing Marx's theory of the value of the society over the individual. Per Martin and Pilmental (2014),

"The basis of material progress is the surplus time beyond that required for substances, which can be used for leisure or to generate additional production. These considerations suggest that labor is the active creator of wealth and that its allocation is crucial for development. Consequently, Marx believes that the purpose of economics is to explore the relations under which surplus is produced and its use control and how this very economic substructure influences superstructures" (Martin & Pilmental, 2014).

Marx's economic message, according to Martin and Pilmental (2014) explains the fabricate of the welfare state that creates a system where the surplus is built on labor that only a few controls, in which effects not only small parts of government but also the superstructures. Thus, healthcare is a superstructure, that is affected by the same system.

Marxist application on health care underscore political power and economic predominance in capitalist society. Although verifiably the Marxist worldview went into obscure amid the mid twentieth century, the field has grown quickly (Becker, 2004). The health framework reflects the society's class structure through control over health organizations, stratification of health laborers, and constrained word related portability into health callings. Imposing business model capital is show in the development of medical focuses, money related entrance by extensive enterprises, and the "medical-modern complex" (Becker, 2004).

Health approach suggestions reflect distinctive premium gatherings' political and economic objectives. The state's intercession in health care for the most part secures the capitalist economic framework and the private segment. Medical philosophy keeps up class structure and examples of mastery. Similar universal research examines the impacts of government, changes under socialism, and inconsistencies of health change in capitalist societies (Becker, 2004). To present another aspect of health care crisis due to capitalism, the researchers also explained how disease outcomes and outbreaks are also related to economic disparities. These researchers [1] [2] [3] explained that the study of disease transmission concentrates on economic cycles, social anxiety, sickness creating states of work, and sexism. Health praxis, the trained joining of study and activity, includes backing of "non-reformist changes" and solid sorts of political battle.

Problem Statement

America’s healthcare system is in a critical state with controversial insurance policies, the conflicting status of Medicare and Medicaid, and politicization of health care regulations by the recently elected American Republican government. These controversies are making the healthcare facilities and regulations in the America more complex as the insurance prices are soaring while the affordability of the population segments is collapsing. The well-being of nations depends on sustainability maintain a way of life. Marx as a well-renowned philosopher, economist, and political theorist will help to understand why America healthcare system is failing. More importantly, how does Marx’s theory explain an inequality gap within the healthcare system? His research and theories are still regarded as a credible source of information. Marx understood the foundation of capitalism and how it affects social relations. Marxism embodies all of Marx’s ideas of social class, labor, surplus, production, and structures. How does Marxism explain health care inequalities are to look in depth into his theories of such concepts; to answer the primary question, three sub-question are explored. How can Marxism be applied to health care? How does capitalism affect healthcare, which leads to what is a socialistic healthcare system?

Significance

As a psychology major, adequate healthcare is vital to physical and mental health and well-being. Arguably, healthcare is not adequately distributed to prevent the exacerbated symptoms of long-term diseases and or mental illness. To understand why America as the leader of the free world cannot get healthcare right is to look at the current political, and economic structures within the American system. Marxism as a concept provides a unique critique and look into capitalism to make the case if inequalities are the reason for America’s current state of healthcare.

Methodology

The overview of the methodology is simple to answer the question based on three sub questions. I will use a qualitative research method to gather data through academic search engines such as ProQuest and EBSCO-host. My primary source of data will be the review of literature available. The data collected will be journals, articles, and current work done by secondary scholarly resources. The design will be qualitative explanatory research focusing on the review of literature.

The data will be collected considering the following research question and the subsequent guiding questions.

Research Question:

1. How Does Marxism Explain Healthcare Inequalities?

Sub-questions:

1. How can Marxism be applied to healthcare?
2. What is a socialist healthcare system
3. How does capitalism affect health care?

Each sub-question is significant to answering the major question by developing a framework to provide a narrative of Marx's theories, by considering and highlighting key terms. The literature review and analysis will be based on a critical look into research gather.

Delimitations

The boundaries of the project are limited to already populated research without conducting a more scientific study into socialism and capitalism. Time limits are also a boundary to fully research Marxism and concepts. However, a critical view of his work from previous researched articles will be the background and foundation of the project.

Definition of Terms

- Alienation: The worker through the process of wage labor is alienated from individual and social relations and creativity (Brommage, Jr., n.d).
- Bourgeoisie: A class or status in society that maintains "partial control" over the proletariat. The bourgeoisie is not the owners of production (Brommage, Jr., n.d).
- Capitalism: "Capitalism is defined by the fact that their use is directed at creating more money (in the process of production, mediated, through the creation of commodities)" (Brommage, Jr., n.d).
- Class: Capitalism produced "three classes, capitalism, the bourgeoisie and the proletariat" (Brommage Jr., n.d.)
- Class Struggle: The imbalance between the upper class and low class. The upper class maintains economic power and exploits the lower class in society (Brommage Jr., n.d).
- Proletariat: The lower class that has no control over labor or the means of production (Brommage Jr., n.d).
- Socialism: A concept of equality share programs that benefit the workers (Brommage Jr., n.d).
- Wage Labor: "The primary form of labor in the capitalist mode of production." Wage labor is a form of a commodity that the worker must sell (Brommage Jr., n.d).
- Means of Production: "The means of production includes not only things such as machinery and

technology used in the process of labor, but also more generally anything which is incorporated in the process of creation itself" (Brommage Jr., n.d).

- Marxism: Marxism is a psychology of Karl Max's most prolific ideas on class, government, structures, and politics.
- Superstructures: Superstructure is a term used by Karl Marx to explain social structures
- Universal healthcare: Universal Healthcare is a term used to describe healthcare that is available for all citizens despite social class.

Summary

The capstone project question *How does Marxism explain healthcare inequalities*, is an exploratory research quest linking Marxism to the current healthcare to understand the current inequalities in America's healthcare system. Marx's theories still have relevance today regarding Marx's perspective on politics and economics. Per Manand (2016), Marxism will "help us to understand the economic and political inequality of our time." Manand (2016), gives a glance into Marx's life and humanistic perspective. Martin and Pilmental (2014), placed significance on Marx's theory of economics and the value of labor over the individual. Martin and Pilmental (2014) also explain that the fabric of society creates a welfare state that only a few controls. Current politics demonstrates a need for a more sustainable healthcare policy as seen under the Trump administration. The promise of a health care system that lowers cost and premiums. An adequate healthcare system is vital to the well-being of all American citizens and prevents maladaptive health consequences. The methods to answer the major will be answered through secondary and scholar research because of time limitations to conduct first hand researched. Three sub-questions will be explored and answered throughout the project to provide a narrative of Marx's theory. Marx's theory provides a well-documented historical background on politics and economics to answer the major question. The investigation into Marxism is how the philosophy will explain current inequalities in America current healthcare system.

Chapter 2: Literature Review

The review framework is based on scholarly work by historians, a medical professional, and academic professors that provide a unique view into Marxism theory and Healthcare. The concepts defined and developed are class structure, value theory, surplus value, production, means of production, and universal healthcare. The purpose is to understand Marx's fundamental theories to answer the major question of why and if current inequalities exist in America's healthcare system.

Class Conflict and Structures

Professor R.J Rummel (1977) provided an overview of Marxism theories of class conflict within a capitalist society in his book titled *Marxism Class Conflict, And the Conflict Helix*. Marx's gave a

unique critique of class conflict and defined class by ownership, not by status or income. Rummel (1977) also explains that Marx's states ownership is used for individual use and gain. According to Rummel (1977), the bourgeoisie owns the means of production while the landowners gain from the proletariat that sells their labor for a wage. Per Rummel (1977), Marx's highlighted that the state and political power protects the interest of the bourgeoisie. Therefore, Marx saw the direct line that produces a capitalist society within property ownership and social relations. Within this structure to maintain property relationships, the state and political power protected the business of the bourgeoisie making way for a mature capitalist society.

"Property is that over which one legitimately exercises exclusive control. It is a right granted by society (i.e., the state) to authoritatively exercise sovereignty over property: to exclude others from it or to regulate them in its use. That property which is socially significant establishes a relationship of domination and subordination among people (e.g., property in slaves, in land or resources, or in capital)" (Rummel, 1977).

Rummel (1977) moreover, emphasize Marx's view on the relationship between property ownership and political power to define class conflict thus.

Professors E. O. Wright and L. Perrone (1977) explains the structure of class inequality and occupational status in a capitalist society. Marxism analysis of class structure includes the sale of one's labor power, ownership of the means of production, and purchase of labor power. Wright and Perrone (1977) reveal that the higher level of education someone has in their industry, the higher income they will receive within their profession. As of 1977, workers received $870 less than managers. During that time, they also received $2,563 less income per increment of education than employers. Occupational status, age, and tenure fail to eliminate the income gap between classes and do not eliminate differences in the slopes of the education variable. Wright and Perrone (1977) provides a Marxist analysis that exposes income inequality regarding the returns of education within occupations.

Professor Lafferty (2010) research published an article, *The Dynamics of Change: Class, Politics and Civil Society- From Marx to post Marxism* discussed the importance of Marxism amongst changes which already have occurred. Marx concluded that the only way production would fulfill its social and economic potential, as if such was placed under collective ownership. The struggle between classes includes a fight between labor and capital over control of the surplus value. Lafferty (2000) also explores Marx's call for workers to be treated with dignity. Workers had asserted their presence as social beings, with their existence being outside of the demands of capitalist production. Their collective identity was as citizens. Such exemplified how market exchange mechanisms and commodified social relations can be challenged through political struggles that are effective. Through political struggles, people exercised their right to be view as more than the labor they produce and therefore, to be treated as respectable citizens (Lafferty, 2000).

Theory of Value and Production

Sociologist interprets Marxism to the functionality of health and illness in a society in a published article on Health and Knowledge.org. One of the Marxist perspectives concerns material production that is fundamental to all human activity needs and necessities. According to the article *Health and Knowledge* (2007), Marxist theory recognizes that production also involved social relations. Thus, the intertwined between social relations and production leads to the "development of the division of labor" (Health and Knowledge, 2007) that reflects social class differences. When investigating relations and production as an intertwined idea, Marxist viewed this relationship as the "economic base for the (infrastructure) of society" (Health and Knowledge, 2007).

A superstructure of society includes the political, educational, and health systems which are "shaped and determined by this economic base" (Health and Knowledge, 2007). Moreover, this leads to two health outcomes that are influenced by a capitalist economic system. According to Health and Knowledge (2007), the first level is health which is either directly or indirectly affected by industrial diseases and injuries including stress-related ill health, or by wider effects of different commodities of production. According to Health and Knowledge (2007), such production produces environmental pollution, eating processed foods, or car accidents that lead to long-term health consequences. The second factor is the distribution between wealth which determines a standard of living such as access to healthcare, diet choices, and recreational opportunities. In hindsight, Marxist viewpoints on production, social relations, and functionality of society are all factors that are "significant in the social" pattern "of health" (Health and Knowledge, 2007).

Economist Ernest Mandel (1990), makes the distinction between Marx's theory of surplus value and the appropriation of such value in a capitalist society. Surplus value is seen as a commodity of the ruling class. Such a commodity determines the net social product "(income)." Per Mandel (2007), surplus value equals surplus labor which is unpaid labor. The surplus value is the income of the ruling class and the "net national income." According to Mandel (1990), Marx's theory of surplus value is based on the exploitation of the modern proletariat. The modern proletariat is the "direct producers, " and handicraftsmen are cut off from their means of production. Mandel (1990), acknowledged that to survive the labors must sell their skills and muscle to the owners of production, "day after day to provide food, education, etc. for their families. Mandel (1990), argued labors under capitalism are set up and have no choice but to sell their labor. Marx's therefore, pointed out that the capitalist system is "unjust" because it reduces human importance to the act of labor (Mandel, 1990).

Professor Bertell Ollman (2017) analyzed Marx's philosophies on alienation, the theory of value, and Marx's significance today. Marx's theory of socialism was initially based on his studies of capitalism. Marx based his analysis on capitalism by putting emphasis on materialism and the ever cycling of human activity and production. Marx was concerned with the notion of how people earn affects "their bodies, minds and daily lives." In which he called this direct effect alienation. According to Ollman (2017), Marx theory of alienation explained that the worker is removed or has no control over what

happens to their work or how to do it. Another factor of alienation is the loss of human connection through competition in which everyone is trying to survive. Per Ollman (2017), Marx concluded alienation denies one right to the imagination, community, activity, and the ability to develop "the finer qualities which belong to them as members of the human species." Therefore, this has a direct effect on the worker's livelihood, and human quality ceases to exist or to count, which leads to the being worker "degraded and isolated within capitalism" (Ollman, 2017).

Capitalism and Healthcare

Professor Benny Goodman (2013) at Plymouth University, explains how capitalism affects health care through social and political economics. Human health is social and determined by social relationships. Societal conditions can either make a genetic manifestation better or worse depending on what they are. Resulting poverty from capitalist economies tends to make biological health problems worse than how they started off. Studying inequalities regarding healthcare reveal that relative social status and economics determine the health status of a population regarding the under five mortality rate and life expectancy. Based on capitalism, socio-economic relationships are formed that affect a person's healthcare. Political economy is also a determining factor. Under a capitalist political economy, social relationships are unequal and exploitative. Thus, the political economy of capitalism and its services are driven by the labor surplus value of goods and services not excluding healthcare. Therefore, social relationships, economics, and conditions within society are all factors within capitalism that determine how healthcare is affected (Goodman, 2013).

Dr. Rastegar (2004) explained how physician care and hospitals are affected by capitalism. He argues that during the progression of the 20th century the physician went from someone who treated a broad range of medical problems to someone who treated a narrower range of such problems. In contrast to the continuity of care that was available, he argued that hospitalists, emergency medicine, and intensivists only focus on a certain stage of care, which fulfills the prediction of a system's primacy over the individual. As such, the physician has now been trained to handle a narrower amount of health problems than in the past; only focused on certain stages of care. The need for control of costs, along with healthcare specialization and splintering, the need for more healthcare managers overseeing the healthcare provided has arisen. Due to such, physicians are becoming salaried employees on an increased basis; they are now subject to what an insurance company will cover, patients' employers, healthcare providers, and contractual relationships. The rise of a managerial class and the involvement of outside forces have limited the physician's autonomy. Moreover, physicians treat based on cost rather than human value, because of the prioritization under capitalism. (Rastegar, 2004)

Universal healthcare system

Politician and published writer Niles Niemuth (2017) published an article titled *A socialist party for*

Universal Health Care Explains the meaning of a socialist healthcare system. Similarities to a socialist healthcare system that is in place in the United States include Medicaid and Planned Parenthood. Public ownership of the healthcare system also heads toward the direction of a socialist healthcare system. President Trump's announcement of the American Health Care Act is the exact opposite of a socialist healthcare system. The bill would end Medicaid as an entitlement program. A per capita cap would replace the program, forcing states to deny coverage and cut benefits to qualified citizens. The bill would also prohibit federal funding to Planned Parenthood for one year; as a result of the loss of Medicaid and funding for Planned Parenthood, an estimated 15 million Americans would be uninsured in the first several years. Niemuth analysis of universal healthcare details the current policy put in place and current government administration plans for healthcare (Niemuth, 2017).

Scholarly researchers Wendt, Frisina, and Rothgang (2009) compared different healthcare systems and their transformations. Denmark, for example, moved from a mostly social-insurance-type country to a national health services system in the 1970s. Their former healthcare system was already highly regulated by the state. Their healthcare system went from a state-based mixed type to an ideal type of state healthcare system. Countries like Denmark are paving the way for a socialist healthcare system. Additionally, the British National Health Service is a state-based system, with regulation, financing, and provision largely in the hands of public institutions. A change has been made within their healthcare system nevertheless. The introduction of an internal market in the U.K. has emerged. Such has not replaced the state as the main regulator and has left space for regulation by NHS trusts. The changes made by the U.K. healthcare system could be more adequately regulated. (Wendt et al., 2009)

Conclusion

Marx's critique of class conflict, human value, and capitalism, provides a framework to understand why inequalities might exist within a capitalist society and structures. Authors thus examined Marxism regarding the core philosophies that might explain such inequality. Through labor and value theory authors examined the value of the working class, by the exclusion of ownership and control causes a division between classes. Social relations and the true value of humanity is also infused in Marx's work. Furthermore, a socialist healthcare system could better effective. Furthermore, the themes within all articles pointed to losses and lack of control, and the undervalued of the working class according to Marx's theory.

Chapter 3: Methodology

Methodology

The methods utilised to answer the major capstone question is based on a review of qualitative data. The major capstone question; how does Marxism explain health care inequalities is an exploratory

question. The qualitative research design aids in collecting and studying literature from different secondary and tertiary sources, which includes historians, scholars, commentators, and sociologist perspectives. The plan of action is to research each sub-question by developing a list of questions for each web-host and internet search site. In efforts, to organize the data each sub-question will be analyzed by categories to provide a narrative for the reader to comprehend the data.

Plan of Action:

Question used to gather data:

- Who is Karl Marx?
- What is Marxism?
- How does Marxism relate to today?
- What is a socialist healthcare system?
- Health care politics of today.

After the research data is collected, each journal article will be put into categories related to each question. The plan is to select at least three articles and highlight the main points related to answering the major thesis.

Research Methodology for data collection

To research my sub-question, the focus is on placed on data unique to each question. The first sub-question, how does Marxism apply to healthcare, involved understanding Marx's core theories and framework and how it relates to healthcare in America. The second sub-question, how does capitalism affect healthcare, is based on Marx's theories of socialism and how this would explain why such an inequality exists. Furthermore, the third sub-question, what is a socialist healthcare system, looked at current socialized healthcare models to understand the concept and to serve as a reference regarding if such a concept is possible in America. Moreover, each sub-question has its unique take on Marxism.

The process of reviewing each article involved reading and highlighting each main point and writing notes. The sources of information are secondary and tertiary sources. Each article's purposed was to explain each concept. The information was analyzed and organized according to a framework. How can Marxism be applied to healthcare considering Marx's theories of class, dominance, and class struggle? For example, the excerpt written by political science Professor R.J Rummel (1977), *Chapter 5 Marxism Class Conflict, And the Conflict Helix* is based on Marx's theories of class struggle and the status quo. The information pulled from the article was based on the author's analysis of Marx's works. Each subsequent article followed the same organization of details about the key point to be explored.

How can Marxism be applied to healthcare?

How can Marxism be applied to healthcare qualitative data gathered included the theory of class conflict and structures and the theory of value and production. Secondary sources were selected. Rummel's (1977) article *Marxism And Class Conflict*, this article focused on the understanding of class struggle, the mode of production, and the contrast between the proletariat and bourgeoisie. Main viewpoints were highlighted accordingly. This article was pulled from a website from the University of Hawaii dedicated to the works and publications of Professor R. J. Rummel. Additionally, the second source from Wright and Perrone (1977) *Marxist Class Categories and Income Inequality* was found on the website academics through a web search, containing the question of what Marx's theory is. The article's main points focused on class inequality and occupational status to further research class structure according to Marx's philosophy. Lafferty's (2010) article *The Dynamics of Change: Class, Politics and Civil Society-From Marx to post-Marxism* was pulled from EBSCOhost under the search politics and Marx. This article provided information containing Marx's sense of political economy and the effect on society through the class structure. The third article Health and Knowledge (2007) *Concepts of Health and Illness: Section 1.*

The Sociological Perspective focused on the relation between Marx's theory of functionalism in regards to health and illness. This section compares production and social relations that create a cycle of health-related illnesses. The fourth article by Mandel (1990) *Marx's Theory of Surplus Value* was found through searching Marx's theory. Information related to the sub-question included the theory of surplus value and exploitation of labour. Ollman's (2017) *"Dialectical Marxism: The writings of Bertell Ollman*, focused on Marx's theory of alienation through competition and loss of humanity. All these articles explain Marx's fears for humanity's overproduction and structures that are infused into a society that produces inequality between classes.

How does capitalism affect Healthcare?

The second sub-question of how capitalism affects healthcare is explained through two articles searched on Research Gate and the US National Library of national medical institutes of Health. The keywords capitalism and Marx's and Healthcare and Capitalism were primarily utilized. The article by Goodman (2013) *Health Capitalism* found on research gate focused on societal conditions that manifest because of socioeconomic relationships. Dr. Rastegar's (2004) article Health Care Becomes an Industry helped to understand the triple-down effects on the medical community because of Capitalism. Within the framework of these articles is the understanding of health and capital and socio-economic relationships.

What is a socialist healthcare system?

Moreover, the third sub-question of what is a socialist healthcare system was retrieved from the world socialist web and online-library Wiley websites. The keywords used to generate this data were universal healthcare and universal healthcare models around the world. The first articles pulled for research are Wendt, Frisina, and Rothgang's (2009) article *Healthcare System Types: A Conceptual Framework for Comparison* included a frame of reference to different healthcare systems in Europe. The second article by Niemuth (2017) *A Socialist Party for Universal Healthcare* originated on the World Socialist website focused on current American politics concerning healthcare and universal healthcare models such as Medicaid that are already established and the current direction that medical care is moving towards. These articles answer what a socialist healthcare system and current universal medical care models which are significant to contemplating what Marx's healthcare model would look like.

Data Collection

The data will be collected from reliable journals, articles and credible peer-reviewed sources. For this purpose, online databases will be used to generate the most relevant articles and journals.

Interpretation of Data

The data will be analyzed comparatively and analytically. The results will be presented in descriptive form. Further research may be conducted to verify the stability of the results.

Conclusion

The analysis of the data will link each qualitative data together to provide a narrative or framework for the reader. The narrative will consist of sub-grouping each sub-question into categories. The first category is class conflict and structures, the theory of value and production, and socialized healthcare. Therefore, the theme of the analysis is based on explaining Marxism and deconstructing Marx's theories by highlighting key points, and by relevant information that is important to answer the major question.

Chapter 4: Results of the Study

Introduction

At the beginning of Chapter 1, the major question as stated, how does Marxism explain healthcare inequalities, is analyzed and examined. Three sub-questions to answer the major question, included how capitalism affects healthcare, how can Marxism be applied to healthcare, and what is a socialist healthcare system. This chapter is formatted by each sub-question and thus offers an analysis of the data that was found in the research study. How capitalism affects healthcare, is answered by examining the impact that capitalism has on healthcare, along with the education gap between labourers and owners. How can Marxism be applied to healthcare examines Marx's theories on income and social inequality. What is a socialist healthcare system, data collected explains the different frameworks of current healthcare systems. Overall, the data collected provides an understanding of Marx's central ideas and concepts applied to answering the major question.

Marxism and Its Implications

Marxism is the socioeconomic theory that evaluates the class-based differences and relationships within the society that become the cause of social conflicts, instability, and other challenges.

Though Marxism has been criticized by various philosophers, sociologists and economists, still it can be considered one of the best theoretical philosophies. Theoretically, it presents a humane way of governing and controlling society as it focuses on the setting where there is no oppression and poverty. It is the main objective of Marxism to eradicate class differences and poverty as it is stated in the Communist Manifesto that yet "all nations to adopt the middle-class mode of production; it compels them to introduce what it calls civilization into their midst" (Marx and Engels 51). However, this objective is too good to be true and practical.

On the other hand, one of the major weaknesses of Marxism is that it is not practically implementable. This theory is impractical as it does not acknowledge human greed, selfishness, and lust for more monetary and social benefits. Furthermore, it provokes people to work harder as an obligation rather than the need for any benefits. In Communist Manifesto, Karl Marx criticized the proletariats by stating that this is "a class of labourers, who live only insofar as they find work, and who find work only since their labour increases capital" (Marx and Engels 51). It is because of these rigid and euphoric objectives of Marxism that it has remained ineffective, non-productive and controversial.

Marxism is a well-known, however, debatable philosophy that focuses on the eradication of power from within the society as it is this power that creates imbalances and class differences within the society. Theoretically, this idea looks very tempting and ideal to run the society. But it has not yet been proven successful as being uneven, different, and classified is a human trait. And no two humans can be justifiably weighed on the same scale for their tendencies, skills, capacities, etc. Therefore, it would be unfair to expect a uniform and very similar input and output from every

member of society.

Marx and Engels trust that Communism is unavoidable and that in the long run, the working class will seize control straight from the hands of the bourgeoisie (Avineri, 1968). The Communist Manifesto offered a logical assessment of the enmity among classes in over a wide span of time and the issues of free enterprise clearly advocated communism and its precepts in the general public (Avineri, 1968).

The manifesto highlighted a phantom of communism that was going to influence Europe and how the real European forces had assembled to battle against the thoughts of communism (Avineri, 1968). As per Carl Marx, there has been a steady battle between the oppressor and the persecuted for quite a while in history and the battle can be covered up or now and again open yet every time the battle closes, there is a complete change in the classes in the general public or suspension of the presence of most lower classes (Gregor & Chang, 1982).

The development of the advanced rich class who control the larger part is an after-effect of many revolutions in the method of generation and exchange (Gregor & Chang, 1982). The class battle is predominantly between the individuals who claim the method for generation and the individuals who need to work in the creation ranges or commercial ventures with a specific end goal to be paid wages. The ascent of the present middle class is an aftereffect of changes in the method of creation and exchange which came about to new techniques for generation and mechanical revolution.

Additionally, Manand discussed Marx's view of the loss of humanity and the connection of Marx's work to modern politics. Manand (2016) states, that it sounds perverse to say that Marx's philosophy was dedicated to human freedom, "but it was." "Marx was an enlightenment thinker; he wanted a world that is rational and transparent, and in which human beings have been liberated from the control of external forces" (Manand, 2016). Manand points out that Marx initially thought that capitalism was created with good intentions. However, the "human cost was great" because one class of human beings will exploit another class of humans (workers). Capitalism demands competition. Marx was a humanist who believed that "labour" that is used and brought gets in the way of "the full realization of our humanity."

"It makes workers cogs in a machine and deprives them of any connection with the product of their labour. "Man's deed becomes an alien power opposed to him, which enslaves him instead of being controlled by him," as Marx put it (Manand, 2016).

Man and, states there is now a Marxist cast on modern-day politics concerning the clash of ideas proposing to reduce inequality. Furthermore, "the recent problem with modern capitalism coincided with the rise of modern democracies, making wealth inequality inconsistent with political equality" (Manand, 2016). However, Man states that unequal social distribution and capitalism are nothing new. Through political action, we can reverse capitalism since we invented it, which can be altered "There are no gods out there to strike us if we do." Therefore, Marx saw how capitalism would destroy our connection to our humanity, and even though capitalism is intertwined in American society, it can be reversed.

How does capitalism affect health care?

Benny Goodman's "Health and Capitalism" explains how capitalism affects healthcare. Human health, poverty, and societal conditions all determine a person's healthcare situation within a capitalist economy (Goodman, 2013). Mortality rate and life expectancy are affected due to socio-economic relationships that exist within capitalism (Goodman, 2013). The labour surplus value of goods and services drives a capitalist economy (Goodman, 2013). As a result, how much money a person has may determine their healthcare, how high or low their chance of dying, and how much they can contribute to the labour surplus value of a capitalist economy.

Medical Doctor Darius Rastegar's "Healthcare Becomes an Industry" also answers this question (Rastegar, 2004). Nowadays, physicians are trained to treat a narrower amount of medical problems than they had been trained to treat in the past (Rastegar, 2004). If a person is receiving care from a generalist they are paying a lesser amount of money to have their medical problems treated even if, in some situations, a physician's care is better; which is more expensive (Rastegar, 2004). The division of health care amongst different practitioners other than a physician has made it harder to provide treatment to patients who need a wide variety of care in all stages (Rastegar, 2004). A patient may not also receive the time and attention that they deserve in a physician's office because of the time-consuming barriers physicians have, who are also limited, regarding treatment, by the rise of a managerial class within their field (Rastegar, 2004). Thus, physicians do not treat as many conditions as they once did, their work is being divided by people who may not provide the same standard of care, and the patient may not receive enough time and attention from the physician (Rastegar, 2004).

How can Marxism be applied to healthcare?

Erik Olin Wright and Lucas Perrone's Marxist analysis of class and income inequality applies to a capitalist healthcare system (Wright and Perrone, 1977). Their analysis is factually based (Wright and Perrone, 1977). The higher the level of education that someone receives within their industry, the higher their income will be within their position in that industry (Wright and Perrone, 1977). Such is an indicator of income inequality between managers, workers, and employers within occupations (Wright and Perrone, 1977). Based on a factual analysis that reveals income inequality and applies to healthcare, a person with a higher level of education will receive a higher income return within their occupation. (Wright and Perrone, 1977).

George Lafferty's "The Dynamics of Change: Class Politics and Civil Society—From Marx to post-Marxism" also answers this question (Lafferty, 2000). Since the ruling class can no longer control the bulk of capital, collective ownership of the surplus value vindicates labourers in every profession within a capitalist society (Lafferty, 2000). Such can be achieved through political struggle (Lafferty, 2000). In today's capitalist society within the United States, the gap between rich and poor has increased, so the need for such is urgent (Lafferty, 2000). Collective ownership through political

struggle will be beneficial to labourers in every profession, including health care (Lafferty, 2000).

All through the previous century restorative care has advanced from a little bungalow industry, through a time of quick development as a beneficent open administration, to a tremendously beneficial and progressively private business. The drug production industry has turned out to be one of the biggest ventures in the United States, and financial aspects now contend with science and humanitarian worries in moulding the fate of health care (Abernethy et al. 2006). The strength of financial goals and the corporate change of American pharmaceutical is strikingly consistent with Karl Marx's exceptionally old portrayal of the advancement of the capitalist industry (Abernethy et al. 2006).

Late improvements in health care are strikingly harmonious with a Marxist worldview. For a long time physicians recommended commissioned prescriptions, and the corporate class upheld the development of those prescribed drugs for the sake of high revenue generation (Abernethy et al. 2006). As health care extended, corporate inclusion in the immediate arrangement of administrations rose. This inclusion is reflected not just in the ascent of revenue-driven suppliers, but additionally in the impact of hospital managers, use survey associations, protection officials, and different functionaries new to the clinical experience, yet knowledgeable on the main issue. Corporate suppliers' journey for expanding incomes has brought them into strife with corporate buyers of care, whose worker advantage costs have soared. This intercorporate struggle capably shapes the health approach and has caused the quick multiplication of health support associations and different types of imminent instalments. Corporate buyers of care support the motivations under imminent instalment for suppliers to diminish care and its expenses. For corporate suppliers, imminent instalment has permitted in-wrinkled benefits even notwithstanding compelled incomes, since repayment is detached from asset utilisation. Tragically, this corporate trade-off serves patients and physicians ineffectively. Elective strategy choices that test corporate premiums could spare cash while enhancing care.

Marx accentuated that innovative advances in the eighteenth and nineteenth hundreds of years changed the procedures of generation, as well as power relations in industry. As the cost of the apparatuses of manufacture (capital) rose to surpass the methods for singular makers, the proprietors of capital picked up control since makers without present-day gear couldn't contend. The strength of the proprietors enabled them to discourage wages and command benefits, which thus paid for the ever-bigger speculations expected to stay aggressive—ventures progressively incomprehensible for normal specialists. In this manner, the proprietor of capital came to control creation, and also the benefits that turned out to be the new capital. Through these effective levers, they moulded a lot of society (Becker, 2004).

The historical backdrop of health care's rise as a capitalist industry peruses like a cutting-edge course book on Marxist financial aspects. Physicians at first met up in hospitals. The specialized improvement made access to vast centralizations of capital (structures and machines) fundamental for restorative practice and expanded the energy of those who controlled healthcare capital (Abernethy et al. 2006).

While the gathering of capital was expanding, control of healthcare foundations moved from open to private hands. Today the energy of those who control capital is reflected in the rising impact of hospital overseers, corporate officials, protection civil servants, and different functionaries new to the clinical experience, however knowledgeable on the primary concern. The current transformation of health care from open support of private industry has brought those who benefit from giving health care into strife with ventures for whom health care (worker health benefits) is a cost of creation (Becker, 2004). This intercorporate strife is capable shapes the health approach. It has caused the quick multiplication of health support associations (HMOs) and different types of imminent instalment that set up impetuses for cost regulation, however, enables health establishments to stay gainful and has rushed the decline of physician strength in both health strategy and basic clinical leadership.

Marxists see therapeutic care as an industry closely resembling different ventures. The drug is not a self-sufficient train guided exclusively by logical disclosures or optimistic concerns; rather, health care is one segment of monetary development that reacts to the financial and political needs of the capitalist framework all in all. Marxists hold that the drive for benefit and extension is the fundamental determinant of the improvement of any capitalist industry (Abernethy et al. 2006).

In any case, a few businesses that would not be reasonable in a simply advertise-driven economy are fundamental for the gainfulness of different enterprises, or the solidness of the framework in all. In such cases, the administration, which Marx alluded to as “an advisory group for managing the basic undertakings of the entire [corporate class]” (Kirkham, 2003), may venture in to guarantee that required capacities are carried out. The arrangement of streets, water and sewage frameworks, state-funded instruction, and other open administrations are illustrations. Likewise, the catalyst for government projects to enhance therapeutic care for the poor is not basically humanitarian, but rather for the most part a reaction to fears of prominent distress, a push to expand the profitability of present and future labourers, and methods for directing cash to the gainful medication, medicinal supply, and hospital development businesses. Subsequently, an examination of health care must incorporate its effect on the benefit of different ventures and additionally the development of creation for benefit inside medication.

What is a socialist healthcare system?

Niles Niemuth’s “A socialist party for universal health care” explains the meaning of a socialist healthcare system (Niemuth, 2017). Universal or “free” healthcare giving all forms of services to an entire population is a socialist healthcare system (Niemuth, 2017). Programs like Medicaid and Planned Parenthood are similar to the socialist healthcare system that the United States has in place (Niemuth, 2017). If President Trump’s American Health Care Act were to be in place, which threatens Medicaid and Planned Parenthood, within its first years at least 15 million people would be left uninsured (Niemuth, 2017). Universal healthcare reflects a socialist healthcare system, with similar programs to such including Medicaid and Planned Parenthood; the American Healthcare Act, threatening to take away these programs, is the exact opposite of a socialist healthcare system

(Niemuth, 2017).

Wendt, Frisina, and Rothgang's article "Healthcare System Types: A Conceptual Framework for Comparison" also answers this question and looks at the transformations within healthcare systems (Wendt, Frisina, Rothgang, 2009). Denmark is paving the way for a socialist healthcare system with a state-regulated healthcare system (Wendt, Frisina, Rothgang, 2009). The British National Health Service in the U.K. is also state-based, with regulation, provision, and financing in the hands of public institutions (Wendt, Frisina, Rothgang, 2009). NHS trusts have also been allowed space to regulate healthcare through the creation of an internal market (Wendt, Frisina, Rothgang, 2009). With Denmark and the U.K.'s nationalization and high public involvement in the healthcare field, the future of a socialist healthcare system is now a reality in these places (Wendt, Frisina, Rothgang, 2009).

The current status of healthcare facilities and services has further depleted, diverging it from the actual goals and objectives of a socialist healthcare system that emphasizes the welfare of the overall society. For instance, after the implementation of Medicare and Medicaid, private hospitals moved to capture the recently guaranteed patients from private hospitals while regularly declining to care for the significant population of the nonelderly poor who were not qualified for either program. Since protection paid for any administration given, guaranteed patients got an expanding number of tests and medications, many of questionable esteem (Waitzkin, 2000). Private hospitals remained the low-tech establishments of the last resort for the uninsured. The philanthropic status of most private hospitals demonstrated little deterrent to benefit-making. While non-benefit hospitals couldn't find themselves harvesting benefits, the cost in addition to instalments given by the government and private protection, made them perfect conductors for the benefits of medication organizations, hardware manufacturers, development and land firms, banks, and insurance agencies (Waitzkin, 2000). The circumstance is to some degree similar to the resistance division in which providers are paid on a cost in addition to the premise and procure benefits, while the military itself worked as a not-for-profit "open administration." Health-related businesses have been phenomenally productive. For instance, the benefit rate of pharmaceutical firms has for quite a long time, positioned first or second among the 47 U.S. industry gatherings (Becker, 2004).

Motivating forces to raise the cost of hospital care and in this way grow the market for therapeutic items prompted the apparently strange outcome that amid the 1970s the least-cost hospitals were well on the way to being driven out of the market (Becker, 2004). Since 1965 government appropriations to private hospitals have turned into the money-related spine of the business. For instance, in 1985 the Medicaid and Medicare programs contributed 38% of hospital incomes (Becker, 2004). Duty exceptions for health protection and not-for-profit hospitals in a roundabout way, contribute many billions more. At long last, assess excluded bonds have financed many late hospital extensions. In 1981 alone, hospitals sold over $5 billion in charge-excluded bonds, speaking to misfortune in duties to the government treasury of $1.5 billion. In general, the extent of hospital capital financing bolstered by elected endowments expanded from under 20% in 1968 to over 80% in 1976; Private hospitals now get over 60% of incomes from government sources, an administration appropriation that far surpasses the financial plans of open hospitals (Kirkham, 2003). By the

mid-1980s, private health protection and government bolster had cultivated the development of health care as one of the United States' biggest enterprises.

While private hospitals competed to buy the most recent innovation and give the best number of benefits to capable administrations, open hospitals were left as desolate remainders of their previous selves, housed in maturing structures, outfitted with obsolete machines, and serving uninsured patients. The normal period of open hospital capital resources surpasses 12 years, double the normal for private hospitals (Kirkham, 2003).

Conclusion

Capitalism and socialism treat healthcare very differently. Capitalism affects healthcare through the situation-based social relationships and economics of people within capitalist societies (Goodman, 2013). The narrowing of a physician's professional expertise, the division of their labour, and the limited amount of time that they have to provide the patient also explain how capitalism affects healthcare (Rastegar, 2004). Marxism analyzes the problems of capitalist occupations and offers a solution; education within an occupation determines the income of the employer, manager, and employee, while collective ownership of the surplus value solves this problem (Wright and Perrone, 1977) (Lafferty, 2000). A socialist healthcare system is free and meets the needs of an entire population, with Medicaid and Planned Parenthood being similar programs to such in the United States (Niemuth, 2017). Denmark and the U.K. have led by the example of a socialist healthcare system through state regulation and high public involvement (Wendt, Frisina, Rothgang, 2009).

Chapter 5: Results and Discussion

As previously stated, the major question sought to explore Marxism theory to answer why inequalities exist within the healthcare system. Methods utilized to answer the major question were based on a qualitative research design. Three sub-questions were selected to present a unique narrative to understand and underline Marxism concepts. According to Menand (2016) states, Marx's philosophical views will help us to understand the "economic and political inequality of our time." Goodman (2013) compares, "The resulting
poverty from capitalist economies tends to make biological health problems worse." When studying inequalities regarding healthcare reveals that relative social status and economics determine the health status of a population. Additionally, Goodman (2013) states, that based on capitalism, socio-economic relationships are formed that affect a person's healthcare. Throughout, the project the focus has been on the intertwining between theory and
practical concepts that affect why America's healthcare is in its particular state.

Statement of Problem

America's healthcare system is in a critical state, as seen in the current political arena. The well-being of nations depends on sustainability and maintaining a way of life. Marx as a well-renowned philosopher, economist, and political theorist, will help to understand why America's healthcare system is failing. More importantly, how does Marx's theory explain an inequality gap within the healthcare system? His research and theories are still regarded as credible sources of information. Marx understood the foundation of capitalism and how it affects social relations. Marxism embodies all of Marx's ideas of social class, labor, surplus, production, and structures. How Marxism explain healthcare inequalities is to look in-depth into his theories of such concepts; to answer the primary question, three sub-questions are explored. How can Marxism be applied to health care? How does capitalism affect healthcare, which leads to what is a socialistic healthcare system?

Review of Methodology

The major capstone question; how does Marxism explain health care inequalities is an exploratory question. The qualitative research design aids in collecting and studying literature from different secondary and tertiary sources, which include historians, scholars, commentators, and sociologist perspectives. The research was gathered through academic web searches and google scholar. A list of questions to answer the sub-questions was utilized. Also, an outline of the information was created to identify key points within the research.

Summary of Results

How Does Capitalism affect Healthcare

The summary of the results for how capitalism seemed to be answered through Marx's theory of socio-economics. Goodman (2013) and Dr. Rastegar (2014) underline Marx's concepts of the capitalist state economy. Not only does capitalism affect healthcare through socioeconomic imbalance but also the quality of care that one receives. Goodman (2013) appears to reiterate that the worker does not have access to a surplus value Marx states that surplus value is what drives a capitalist economy. As a result, Goodman (2013) states how much money a person has may determine access to healthcare and affect their chance of life or death. Dr. Rastegar (2004) goes even further to state the quality of the physician's care also is affected by the same socioeconomic imbalance between classes. Dr. Rastegar (2004) appears to make the argument that because of the cost of speciality medical doctors, one does not receive the quality of care needed. Therefore, to lower the cost of employing specialists such as a cardiologist, a patient might get treated by an overworked generalist whose time is limited, which could lower the standard of care. Moreover, Goodman (2013) and Rastegar (2004) explain a triple effect that capitalism has on healthcare; one being the relationship between having

the right to healthcare and secondly access to speciality care, and the third being denied the quality of care due to a person's status or class in society.

How Can Marxism be Applied to Healthcare?

Marx's philosophy implies a distinction between the loss of human value and social relations due to exclusivity. Rummel (1977) points to this when discussing Marx's theory of class conflict, loss of ownership, and loss of political power that is controlled by the owners and bourgeoisie. Per Rummel (1977) and Lafferty (2010), Marx was not concerned with class status or income but the loss of control of one's labour and surplus value due to being denied the opportunity to own or have creative rights to the labour they produce. The lack of ownership and influence over state politics leaves the worker in an ever-going cycle which they must sell their labour for a wage just to survive. Wright and Perrone (1977) appear to state that, even if the worker receives a higher education, this does not alleviate the gap of inequality. Per Lafferty, Marx believed that the worker is seen as a commodity instead of a human social being. Ollman (2017) seems to indicate that Marx's alienation theory of value relates to the lost human connection due to no control or creativity in the labour that worker produces. Ollman (2017) further states that the worker's livelihood ceases to exist or count.

Mandel (1990) argues that the modern proletariat is exploited, and human value is reduced to the labour that one produces. Furthermore, Rummel (2010) argues the relationship between class differences produces a relationship of domination and subordination, and thus resources are not equally divided. Additionally, Health and Knowledge (2007) argue that the production of the worker causes ill effects due to environmental pollution or car accidents that have adverse health consequences. Health and Knowledge also make the distinction of not having access to a certain standard of life to provide alternatives to better choices or healthcare. Moreover, Marx's theory seems to point to a socio-economical state that produces a loss of human capability to determine how resources are spread, whether it be healthcare or any other surplus value from production.

Health care encourages revenue generation in three ways. To start with, many diseases that sap the efficiency of labourers can be cured or managed. Pharmaceutical care is an essential apparatus for the upkeep of the local peacefulness and social soundness required for creation and benefit; in Marxist terms, this is the ideological part of the solution.

Since Bismarck's presentation of health protection for German labourers in 1883, governments have utilized health care to enhance the states of average workers' lives, reacting to well-known demands and thwarting more radical ones (Becker, 2004). Third, the therapeutic care industry has itself turned into an imperative field for speculation and benefit. While the initial two of these parts of health care (regularly seen as open administration and philanthropy) have a long history, the last (monetary intrigue) has just as of late developed as the main thrust for health care extension. Over the previous couple of decades, pharmaceuticals has turned out to be not just an administration for whatever is left of industry and society but a noteworthy benefit in creating an industry in its privilege.

Health care, at first an extra creation in different parts, has itself come into the period of the capitalist generation. Beforehand, the corporate class was most worried about the results of health care—natural and ideological. The change of the previous couple of decades is making the benefit, as opposed to health or belief systems, the real target of creation in this field. At last, to reword Marx's Das Kapital, in health as in different ventures, the capitalist generation is not interested in the specific item created. Progressively, the sole motivation behind creation is to secure benefits (Abernethy et al. 2006).

What is a Socialist Healthcare System

According to the research, a socialist healthcare system is a free enterprise, but with current models of universal healthcare, there are restrictions. Per Niemuh (2017), health care given in all forms of service is universal medical care. In America, current models of universal healthcare include planned parenthood and Medicare and Medicaid; however, these services depend on status in society. Niamh also explains the American Healthcare Act and that Trump's administration is the total opposite. When looking at models within Europe. Wendt, Frisina, and Rothgang (2009) state, that a socialist healthcare system is well in place through state regulations and the internal market. A socialist healthcare model is just that a free enterprise of an array of services offered to the public.

In the previous thirty years, there has been a colossal amassing of capital in healthcare organizations, the rise of therapeutic creation for the benefit, and the fast ascent of the managerial predominance of clinical practice. The hazardous development of the health segment before, energized by the whole corporate class and filled by government reserves, now undermines the benefits of other capitalist businesses. Imminent instalment with suppliers allowed to hold any surplus is an inter-corporate trade-off that looks after benefits, strengthens private control of healthcare capital, and quickens the pattern toward a bureaucratic and corporate predominance of restorative care (Waitzkin, 2000). This is not by any means the only or the best, conceivable heading for health strategy. The National Health Program has guaranteed access to care, saved clinical opportunities, and contained expenses by compelling corporate predominance and supporting health asset (capital) distribution (Waitzkin, 2000).

Health strategy in the United States has been formed to a great extent by the interests of the corporate class, a procedure that debilitates many significant conventions in medication. The colossal totals spent on health care are adequate to give astounding administrations to all, enhance avoidance of sickness, support exploration, and guarantee suppliers sufficient wages. Notwithstanding, the goals of corporate gainfulness now encourage enormous nonsensicalness and waste: $50 billion is eaten up every year by the protection business and multitudes of executives, and billions more are misused on benefits and publicizing for healthcare corporations (Becker, 2004). At long last, dispensing new capital on the premise of benefit to private suppliers seeking tight institutional objectives guarantees gigantic duplication and maldistribution of offices.

Relationship of Research to the Field

The research conducted supported Marx's theory on the overall effect of a capitalist state. Marx in general, never wrote about America's healthcare system, so to understand how Marxism explains healthcare inequalities, one would have to understand Marx's theory. Professor Rummel's (1977) analytical article points out, that Marx gave a unique critique of class conflict and defined class by ownership, not by status or income. Per Rummel (1977) the proletariat (worker) sells their labour for a wage while the landowners use property ownership for their gain. Property ownership and the interest or business of the bourgeoisie (middle or upper class) are protected by the state and political power (Rummel, 1977). Surplus value, as described by Economist Mandel (1990), is the labour of the worker that is the income of the ruling class. Furthermore, Marx's theory of surplus value is based on the exploitation of the modern-day proletariat (worker).

Sociologist of Health and Knowledge (2007) states Marx saw the direct intertwined social relations of the need for material production. However, production is owned and controlled by the landowners. Thus production leads to a division of labor which reflects social class differences (Health and Knowledge, 2007). Additionally, Goodman (2013) also expresses that the political economy of capitalism and its services are driven by labour and surplus value of goods and services not excluding healthcare. Marx concluded that the relationship between social relations and production was the "economic base for the (infrastructure) of society" (Health and Knowledge, 2007).

Also, Marx's theory suggests that socioeconomic imbalance affects the health of the worker. Marx was concerned that how people earn affects "their bodies, minds, and daily lives" (Ollman, 2017). Per Ollman (2017), Marx based his analysis of capitalism on the relationship between materialism and the ever-cycling of human activity and production. Marx saw that production is an act of life; however, under a capitalist political economy, social relationships are unequal and exploitative (Goodman, 2013). Therefore, Marx's theory points to the capitalist state affecting this imbalance whether it be through access to healthcare or any other good or material value.

Throughout the project, research indicated that Marx's theory explains why capitalism produces inequalities. Possibility Marx's philosophy inadvertently suggests that a capitalist state will always bring about inequalities between social relationships, politics, and structures. Marxism specifically does not present a reason why healthcare is in such a critical state in America today but only suggests a theory to explain why inequality exists. Further development of Marxism, would lead to more knowledge on the matter of socioeconomic unrest within America.

Discussion of Results

Psychology teaches that the mind and the body are connected. Through this connection, whatever happens to the physical will affect mental health states. Therefore, having access and or limitations

on access to healthcare services can be detrimental to personal wellness. Manand (2016) pointed out that Marx initially thought that capitalism was created with good intentions. However, the “human cost was great” because one class of human beings will exploit another class of humans (workers) (Manand, 2016). The significance of the findings suggests that inequalities create losses for a majority of everyday Americans. This loss can lead to exacerbated symptoms. As Dr Rastegar (2004) explains, there are fewer specialists to treat health complications or speciality services such as having a neurologist or psychiatrist rather than a generalist to cut costs. More generalist is employed to control costs to treat a variety of problems not always specific to the needs of the individual. If inequalities continue to limit access to health care, how can growth and sustainability continue in America? A nation is only as strong as the health and well-being of its citizens.

While imminent economic forces tight direction on clinical practice, it undermines more extensive health arranging. The expanding monetary sanity of every generation unit (that is, the individual HMO or hospital) cultivates the mindlessness of the framework all in all—a marvel Marx marked “the turmoil of capitalist creation” (Abernethy et al. 2006). Reasonable health arrangements ought to apportion new capital in light of health needs. Be that as it may, planned instalment makes gainfulness instead of needing a certain reason for assigning new capital. Productive hospitals and HMOs can reinvest their benefits as well as pull in extra cash from outside banks and financial specialists. Asset distribution choices are made in the board rooms of beneficial firms or charitable organizations with an income excess.

These choices must be modified and enhanced toward the restricted institutional objective of benefit since future modernization, extension, and even survival rely upon a proceeding with excess. Hospitals without an excess (given poor management, squanderer physicians, or uninsured or unbeneficial wiped-out patients) are probably going to be those most needing rapid and drastic regulatory modifications. Unfit to modernize, such hospitals regularly enter a descending winding toward a conclusion (Waitzkin, 2000). In the meantime, hospitals in exceedingly aggressive markets compete to give gainful administrations, causing inefficient and infrequently perilous duplication of lucrative “product offerings, for example, coronary angioplasty and sidestep surgery (Becker, 2004).

The net outcome is further creating challenges for the dissemination of health assets—a surfeit of costly offices in a few territories and proceeding with deficiencies in zones of most prominent need.

Conversely, where the corporate strength of health administrations is restricted, an open protection subsidize in every area pays hospitals “tentatively” however viably disallows them from making a benefit or holding any overflow. Capital uses are not collapsed into working spending plans but rather appropriated independently. Hospital development and modernization express open strategy choices (Kirkham, 2003). In the United States, capital finances additionally come to a great extent from open sources yet are certainly appropriate for the extension of beneficial establishments paying little respect to health needs. The unequivocal open control of capital subsidies in Canada has encouraged reasonable asset distribution, maintaining a strategic distance from expensive over-sheet material, and repetition of high-innovation administrations (Kirkham, 2003).

Conclusion

The major question based on Marxism ideas leads to the conclusion that inequalities exist in healthcare because of the very basics of what America stands for. America was built on Capitalism which led to an imbalance of power between classes. Some would argue that capitalism is in the best interest of America. When trying to compare Marxism to America today, these are the results. The proletariat is the modern-day lower class without political power or resources and has little control over what happens within American structures. The landowners the modern-day billionaires or one percent have a political stake and own most resources and dictate such services as healthcare. The modern bourgeoisie is the middle class that, according to socioeconomic terms, is disappearing. Furthermore, why is this study important? A healthy society furthers the sustainability and growth of its members and, therefore as a Nation. In conclusion, Marxism is a theory meaning that it is not necessarily based on factual information even though one could argue that the evidence is there. There is one thing that all Americans
can agree is that no matter what political opinion is healthcare needs reform.

The ability to give acceptable healthcare services, in compliance with the objectives of a socialist healthcare system, is, as a rule, progressively traded off by current directions of healthcare subsidizing and administration. The researchers preview at how the well Marxist approach to the state and its association with capital can clarify these directions in this time of consistently expanding grimness. Following a concise history of the present emergency, it looks at explanatorily the impacts of the health care concerns, and of the present direction of capitalism by and large, upon the financing and association of the US healthcare frameworks. The adverse impact of developing wage disparities on the health of the populace is additionally tended to. Marx's works on the state and its connection to the capitalist class were fragmentary and truly and topographically particular. Contemporary Marxist translations inferred that, notwithstanding the pluralism of popular constituent governments, the bourgeoisie does have an overweening impact on the state. The bourgeoisie's responsibility for methods for generation gives the establishment its impact in light of the fact that the state is obliged to depend on it to deal with the supply of products and enterprises and the making of riches (Becker, 2004). That power is additionally strengthened by the penetration of the bourgeoisie into the organs of the state. The level of impact has quickened quickly, finished in late decades. One of the outcomes of this has been that healthcare frameworks have turned out to be rich pickings for the evermore certain bourgeoisie.

References

A Plus. (2012). 5 Things That U.S. Veterans Still Lacked in 2015. https://aplus.com/a/veterans-lack-benefits?no_monetization=true

Abernethy, M. A., Chua, W. F., Grafton, J., & Mahama, H. (2006). Accounting and control in health care: behavioural, organisational, sociological and critical perspectives. Handbooks of management

accounting research, 2, 805-829.

Avineri, S. (1968). The social and political thought of Karl Marx (Vol. 619). Cambridge University Press.

Becker, G. (2004). Deadly Inequality in the Health Care “Safety Net”: Uninsured Ethnic Minorities’ Struggle to Live with Life-Threatening Illnesses. Medical Anthropology Quarterly, 18(Waitzkin, 2000), 258-275.

Brommage Jr., T. J. (n.d.). A Marxist Glossary. https://brommage.freeshell.org/marx/su07/glossary.pdf

Encyclopedia.com. (n.d.). Mode of Production facts, information, pictures | Encyclopedia.com articles about Mode of Production. https://www.encyclopedia.com/social-sciences-and-law/sociology-and-social-reform/sociology-general-terms-and-concepts/mode

Goodman, B. (March 2013). Health and Capitalism. ResearchGate.net. https://www.researchgate.net/publication/235956306_Health_and_Capitalism

Gregor, A. J., & Chang, M. H. (1982). Marxism, Sun Yat-sen, and the Concept of” Imperialism”. Pacific Affairs, 55(Kirkham, 2003), 54-79.

Health and Knowledge. (2007). Section 1. The Sociological Perspective | Health Knowledge. https://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4a-concepts-health-illness/section1

Kirkham, S. R. (2003). The politics of belonging and intercultural health care. Western Journal of Nursing Research, 25(7), 762-780.

Lafferty, G. (1 Nov. 2000) The Dynamics of Change: Class Politics and Civil Society—From Marx to post-Marxism. Democracy & Nature, Vol. 6. https://www.tandfonline.com/doi/abs/10.1080/108556600110160

Lafferty, G. (2000). The Dynamics of Change: Class, Politics and Civil Society—From Marx to post-Marxism. Democracy & Nature, 6(Kirkham, 2003), 19-26. doi:10.1080/108556600110160

Mandel, E. (1990). Karl Marx – 7. Marx’s Theory of Surplus Value. https://www.ernestmandel.org/en/works/txt/1990/karlmarx/7.htm

Marx, Karl and Engels, Frederick. (2006). Manifesto of the Communist Party. New York, NY: Cosimo, Inc.

Menand, L. (2016, October 10). Karl Marx, Yesterday and Today | The New Yorker. https://www.newyorker.com/magazine/2016/10/10/karl-marx-yesterday-and-today

Niemuth, N. (11 March 2017). A socialist party for universal health care. World Socialist Web Site.

https://www.wsws.org/en/articles/2017/03/11/pers-.html?view=print

Niemuth, N. (2017). A Socialist party for universal health care. https://www.wsws.org/en/articles/2017/03/11/pers-m11.html?view=print

Ollman, B. (2017). DIALECTICAL MARXISM: The Writings of Bertell Ollman. https://www.nyu.edu/projects/ollman/docs/what_is_marxism.php

Rastegar, D. A. (January/February 2004). Health Care Becomes an Industry. US National Library of Medicine National Institutes of Health. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466626/

Rummel, R. (1977). MARXISM AND CLASS CONFLICT. https://www.hawaii.edu/powerkills/CIP.CHAP5.HTM

Sanders, B. (n.d.). Medicare for All: Leaving No One Behind – Bernie Sanders. https://berniesanders.com/issues/medicare-for-all/

Streeter, T. (2010). Missing the Net. The Net Effect, 69-92. doi:10.18574/nyu/9780814741153.003.0004

Waitzkin, Howard. (2000). The second sickness: Contradictions of capitalist health care. Rowman & Littlefield Publishers.

Wendt, C., Frisina, L., Rothgang, H. (18 January 2009). Healthcare System Types: A Conceptual Framework for Comparison. Onlinelibrary.wiley.com https://onlinelibrary.wiley.com/doi/10.1111/j.1467-9515.2008.00647.x/full

Wright, E. O., & Perrone, L. (1977). Marxist Class Categories and Income Inequality. https://www.aacademica.org/erik.olin.wright/42.pdf